

UR20 Prostate Biopsy (Transperineal)

Expires end of February 2023

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What is a prostate biopsy?

Your prostate gland is an organ that lies under your bladder and surrounds part of your urethra (tube that carries urine and semen to the tip of your penis).

Your prostate gland produces a fluid that makes up part of your semen. The fluid enters your urethra where it passes through your prostate gland.

A transperineal prostate biopsy involves removing small pieces of tissue from your prostate gland using a needle that is passed through your perineum (the area between your scrotum and back passage).

Your doctor has suggested a prostate biopsy. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

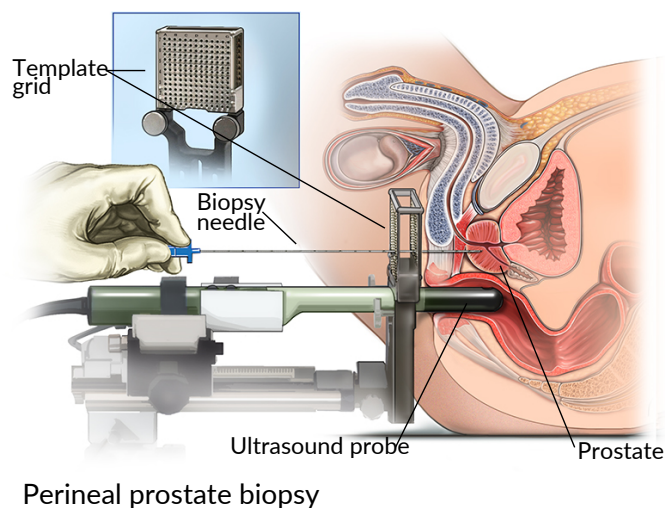
If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a prostate biopsy?

Your doctor is concerned that there may be a cancer in your prostate gland. You may already have had a blood test (PSA test), rectal examination or MRI scan. The results have shown that prostate cancer may be present.

The tissue that your doctor removes will be examined under a microscope to diagnose whether prostate cancer is present. This will help your doctor to recommend the best management options for you.

If the biopsy is normal, the healthcare team will reassure you and provide any follow-up you need.



Are there any alternatives to a transperineal prostate biopsy?

It is possible to perform a prostate biopsy through the wall of your rectum (transrectal ultrasound (TRUS) guided biopsy). You will usually only need a local anaesthetic so your recovery should be quicker. However, the biopsy results can be less accurate, and the risk of bleeding and infection is higher as the biopsy needle passes through the inside wall of your rectum.

What will happen if I decide not to have a prostate biopsy?

Your doctor may not be able to confirm what the problem is or recommend the best treatment for you. If you decide not to have a prostate biopsy, you should discuss this carefully with your doctor.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your doctor and the healthcare team your name and the procedure you are having.

The healthcare team may take a blood sample from you to check that your blood clots normally.

Your doctor may give you antibiotic tablets or an antibiotic injection. They will discuss this with you.

The procedure is usually performed under a general or spinal anaesthetic. Your anaesthetist will discuss

the options with you. The procedure, including the anaesthetic, usually takes less than 30 minutes.

Your doctor will place a catheter (tube) into your bladder. They will place an ultrasound probe into your back passage. Your doctor will use the ultrasound probe to take pictures of your prostate gland and to guide them while they perform the biopsy.

Your doctor will use a template grid placed over your perineum to stabilize the biopsy needle. They will take a number of samples of tissue from your prostate gland through your perineum.

Your doctor will remove the catheter and the ultrasound probe.

It is normal to have some minor bleeding from your perineum. The healthcare team will usually give you some absorbent pads to use.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the procedure a success?

If you smoke, stopping smoking several weeks or more before the procedure may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the procedure, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death. You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

The possible complications of a prostate biopsy are listed below.

Prostate biopsy complications

- **Bleeding.** It is normal to have some blood in your urine for up to a week, and in your semen for up to a month.
- **Infection (risk: less than 1 in 100).** To reduce the risk, you will be given antibiotics before the procedure. Let your doctor know if you get a high temperature, feel unwell or have a burning sensation when you pass urine.
- **Difficulty passing urine (risk: 5 in 100).** You may need a catheter for a day or two.
- **Problems having an erection caused by bruising around your prostate gland (risk: 5 in 100).** This usually improves as the bruising settles.
- **Allergic reaction to the equipment, materials or medication.** The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- **Chest infection.** If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After

7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The anaesthetic and painkillers should help to keep you comfortable. If you have any pain after the procedure, let your doctor know. It is common to have some discomfort in the perineum (the area between your scrotum and back passage), which can be controlled with simple painkillers such as paracetamol.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest.

You should be able to go home the same day, after you have recovered from the anaesthetic and passed urine. However, your doctor may recommend that you stay a little longer.

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

If you take blood-thinning medication, your doctor will tell you when you can start taking it again.

You should be able to return to work after 1 to 2 days unless you are told otherwise. Do not do strenuous exercise for 1 to 2 days.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

If any bleeding in your urine does not settle within the first week, let the healthcare team know.

Results from the biopsy will not be available for at least a few days so the healthcare team may arrange for you to come back to the clinic for these results. They will discuss with you any treatment or follow-up you need.

There is a risk the biopsy may not detect a cancer so, if your symptoms continue or PSA levels stay higher than normal, your doctor may recommend another biopsy.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A prostate biopsy is usually a safe and effective way of finding out if there is a cancer in your prostate gland. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Richard McMullin (MBBS, FRACS)

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